

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025806

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

369

Primary Registration District No.

6249

Registrar's No.

5

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Registration District No.

369

Primary Registration District No.

6249

Registrar's No.

5

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BENTON TWPLength of stay in 1b
3 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

IN AMBULANCE

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

admission)

c. CITY
OR TOWN

ST. LOUIS

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
6204 BAILEYReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

NETTIE BERTHA CARPENTER

4. DATE OF DEATH

Month

Day

Year

JUNE 2, 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-24-1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10

8

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

JULIUS MERRILL

13b. MOTHER'S MAIDEN NAME

MOLLIE

14. NAME OF HUSBAND OR WIFE

JASPER P. CARPENTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

6 MARCELLA LANFERSICK, ST. LOUIS

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

NATURAL CAUSES

INTERVAL BETWEEN ONSET AND DEATH

2 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

HIGHWAY 34

COUNTY

WAYNE

STATE

MO

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

1:45

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marvin E. Bowler

22b. ADDRESS

Coronet Way, Piedmont, MO

22c. DATE SIGNED

6-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-5-62

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO

24. FUNERAL DIRECTOR

William Coker, Piedmont, MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-2-1962

26. REGISTRAR'S SIGNATURE

Sheila Goulet

(Licensed Embalmer's Statement on Reverse Side)

1967 JUL 5 SN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Coker Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Coker

Licensed Embalmer No.

3723

P. O. Address

Piedmont Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.